LEISTON-cum-SIZEWELL

URBAN DISTRICT COUNCIL.

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THE ANNUAL REPORT

-- of the --

MEDICAL OFFICER OF HEALTH

for the Year ended
December 31st.1949.

TO THE CHAIRMAN AND MEMBERS
OF THE LEISTON-cum-SIZEWELL URBAN DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my first and last Annual Report for the year 1949.

It must be a matter of some concern to the Members of the Council that the duration of stay of their last two Medical Officers of Health has averaged not more than a year, and they are entitled to an explanation.

Public Health services in England and Wales outside County Boroughs are divided between Counties on the one hand and Municipal Boroughs and Urban and Rural Districts on the other. The Division is arbitrary and in the case of each service depends on the legislative whim of the moment, and it leads to a most unfortunate dichotomy of these services. What is really arraigned is the two-tier system of Local Government.

Under the National Health Service Act 1946 certain Health Services, some of which had previously been provided by certain Municipal Boroughs and County Districts, were made the responsibility of Counties and County Boroughs only. These were the Care of Mothers and Young Children, the Midwives Service, Health Visitors, Home Nursing, the Prevention of Illness, Care, and After-Care, and Domestic Help. At the same time the Minister of Health, recognising that these were essentially personal services which could best be administered at something rather lower than County level, recommended in paragraph 20 of Circular 118 of 1947 that all Counties should be sub-divided according to local Health requirements. In each sub-division the County Health Committee would appoint a Sub-Committee on which the Councils of County Districts comprising the Sub-division would be represented, and to which would be delegated the day-to-day administration of these services in the Division. Under the County Medical Officer executive charge of these Services in the division would normally be taken either by an existing Assistant County Medical Officer preferably one who was also Medical Officer of Health of one or more of the districts constituting the division, or by the Medical Officer of Health of one of these districts who would be appointed to the Staff of the County Medical Officer. In the case of the larger Municipal Borou hs and Urban Districts a similar arrangement would make each

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of these the equivalent of a County Division. In both cases the County Council as the Local Health Authority would retain its responsibility for policy and finance unimpaired, but to day to-day administration the Sub-Committee would bring the local interest and knowledge which are so desirable in such personal services.

The results of such an organisation are more far reaching than appears at first sight, and some discussion is desirable. In the first place it means that the Municipal Boroughs and County Districts comprising the Division, are through the membership by their Councillors of the County Divisional Health Sub-committee, which amounts probably to half or more than half of its membership, responsible for the running from day to day of the County Services under the National Health Service Act. But further than this, it provides at last an instrument to destroy this unnatural dichotomy between the two tiers of Local Government, as far as the Public Health Services are concerned, in that the Divisional Medical Officer is Medical Officer of Health of the County Districts in his Division as well, and that half or more of the members of the Divisional Committee are members of the County District Councils in the Division. Finally it permits the Public Health Services of the District Councils concerned to be themselves more efficiently carried out, and this fact deserves of further study.

To the smaller County Districts, at any rate, the requirement by the Minister of Health that they should appoint a Medical Officer of Health, and pay him a salary, must appear somewhat harsh, to say the least of it, He must appear to do less to justify his existence than any of their other officials, and the current negotiations for higher salaries for Medical Officers of Health must be viewed by such Authorities with considerable cynicism. It is considered by one Medical Officer, at any rate, that the problem of Public Health is primarily one of duties and the facilities for the carrying out of these, and that a satisfactory solution to this problem would be followed by improved terms of service. It is not the fault of the Medical Officer that he is of so little help.

The basic requirements for the efficient conduct of the Public Health Services of Municipal Boroughs and County Districts are that the size of unit on which they are based should be big enough to be able to afford the facilities necessary to carry out the services properly and yet small enough for one man to be able to have a clear idea of all the environmental factors affecting the

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health of the people. The second provision is certainly met by my present appointment but the conduct for example of a Clean Food Campaign, or a Health Education Campaign is impossible where one's office consists of the left half of one's sideboard, and one's clerical staff is non-existent. It would not however be an economic proposition to provide these facilities in an appointment of the size which I hold. There is no doubt in my mind that the ideal size of unit is the one represented by the County Division mentioned already, which should have a population of about 50,000. In the West Riding of Yorkshire there are 31 divisions for a population of 1,565,000, the average population being 50,000. The cost of providing the facilities necessary for efficient administration would be divided between the County on the one hand and the County Districts, on the other in the proportions in which work was done for each. In my opinion a post of this nature could be more satisfying to a Medical Officer than any other in Public Health.

Where no action has been taken by County Councils to implement the recommendations of the Minister of Health in circular 118 of 1947, certain arguments have been put forward to justify this, and some of these are worthy of study.

It has been suggested for example that in a county with a low population density the size of the areas which would be required to obtain a population of 50,000 as an average would be too great for efficiency. When it is considered that the alternative is a two-tier system, with functions arbitrarily divided between two authorities, one of which is too small to be able to afford to do the work, and the other of which is several times bigger than the proposed division which is described as being too big, this argument loses force.

It is also suggested that the number of District Councils which would be found in a Division of such a population would be so great that much of the Medical Officer's time would be spent at meetings. Here it might be said that it is not likely that any Medical Officer would find himself with more than Six Councils, and the time spent at their meetings, some of which at any rate would be in the evening, would be very much less than the time the Medical Officer of Health of a smaller area spends as School and Child Welfare Medical Officer.

The root of the objections is of course that a larger division would leave the Medical Officer of Health little or no time for School and Child Welfare work for

the County Council. Counties have such difficulty in recruiting Officers for this routine work that they like to be able to offer an appointment where by virtue of a joint appointment as Medical Officer of Health, of preferably as few County Districts as possible, to leave more time for schools and Child Welfare, the Medical Officer will receive a larger salary. In view of what has already been said, the efficient running of the School and Child Welfare Medical Services would appear to be antagonistic to the efficient running of the County District Health Services, but this is not so. What is visualised is that in each Division a Deputy Divisional Medical Officer would be appointed, most of whose time would be spent on Schools and Child Welfare, but such Officers would be easy to get, because they would get a small addition to their salary by virtue of their dual appointment and more important, the appointment would have greater standing and give wider experience than one as Assistant County Medical Officer only. In view of the reduction in numbers of the Officers being paid as Medical Officers of Health, it is considered that the total salary will for all Officers, including the increased number of Assistant County Deputy Divisional Medical Officers, would actually be reduced.

The argument that the cost of clerical staff outside County Headquarters would be increased is answered by the reduction in clerical staff at County Headquarters where their work was transferred to the Divisional Officers, and the increased efficiency of the County Services resulting from delegation of Personal Health Services accompanied by increased efficiency of County District Services where these have the facilities necessary for their performance.

It is also suggested that it may be easier to reach the County Town than those towns which might be expected to become Divisional Headquarters. But where in order to reach the County Town either by rail or by road one had to pass through the Divisional Headquarters town, obviously the journey to the latter would be the easier.

Finally, where the old and the new systems are running side by side, there is another factor that has to be considered, and it is this. If a County has decided to retain the old system, it must reconcile itself to the fact that its Medical Officers will be birds of passage, unless they have personal reasons for prolonging their stay, and that all that can be expected in the way of staff is the more inexperienced junior members of the Public Health Service, who, as soon as they see an opening that offers some scope for initiative, will depart. This is not good for the County Districts, the County, or the Public Health Service.

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Housing

The three primary requirements for mankind are food, shelter, and clothing, in that order. With full employment and rationing of foodstuffs in short supply, the first and last requirements are satisfied, but unhappily the same cannot be said of the second. Unquestionably the housing problem is the most serious matter affecting the health, mental as well as physical, of the people, and it is the duty of all in public office, whether high or low, to lose no opportunity of stating again the present disastrous situation, and demanding that urgent steps be taken for is amelioration.

The current rate of building in England and Wales is 175,000 houses per year. This is little more than half the figure for 1938(344,000)and further is only fractionally more than the number required for replacements (167,000). These few figures are sufficient to explain why lists of prospective tenants for Council Houses have increased rather than decreased over the past 5 years. It is said that we are building as many houses as we can afford, and that our resources are strained to the uttermost by our many commitments. If this is the case, then some reallocation of the proportions of our expenditure should be made which would give Housing the place it deserves. The money spent on the National Health Service, if devoted to Housing, would increase the programme to 250% of its present level, and do far more for health than does the National Health Service.

It may be of interest to compare the number of houses built in Leiston Urban District (pop.3,985) since the end of the war with the number which might have been expected had houses been built at the same rate as in England and Wales as a whole (pop.43,946,000). 759,713 houses were built in England and Wales by public bodies and 234,174 by private enterprise (total 993,887) up to the end of 1949, and on that basis 69 might have been built in Leiston Urban District by public bodies, and 21 by private enterprise (total 90). The actual figures were 90 by public bodies, and 5 by private enterprise (total 95), giving 130%, 24%, and 106% respectively of what might have been expected.

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Vital Statistics

It should be noted that the birth-rate for 1949, as for 1948, was below (by 0.9 per 1000) that for England and Wales, and that the death rate for 1949, as for 1948 was above (by 2.4 per 1000) that for England and Wales. These figures are probably typical for a rural area, and are an indication of the fact that the younger people are leaving to go to urban areas, so that the proportion of the elderly, and so tha death-rate, goes up, and the proportion of the child-bearing age groups, and so the birth rate, goes down. The survival of our country depends primarily on the land and everything should be done that can be done to reverse this trend. If the lack of modern houses, with water, sewerage, and electricity, has any responsibility for this state of affairs, the need for increased house building in the countryside becomes greater still.

At the same time sight should not be lost of the fact that the birth-rate for England and Wales is itself well below replacement level. The population is still increasing as a result of the increased expectation of life, but this is a temporary phenomenon, for all must die sooner or later, and a sharp increase in the death rate will follow. In any case this increased population is one increasingly over-weighted with those who cannot do an active day's work. Sooner or later the population will begin to decline.

It may seem absurd that, in a country whose economic difficulties are due to the fact that she must sell largely unwanted goods at ruinous prices abroad to buy vitally needed food at ransom prices which she cannot produce at home, the prospect of a declining population should be received with anything but equanimity, but the prospect is a very serious one. A declining population is inevitably one in which the non-active outnumber the active, and in which the smaller proportion of active people must work increasingly harder to support the greater proportion of non-active. The only kind of population decline which is not accompanied by this state of affairs is one brought about by planned emigration of cross sections of all age groups of the community. In the absence of such emigration, the need for maintenance of the population at its present level outweighs all other considerations,

Whereas 100 years ago children were an economic asset, now they are a liability, and everything must be done to correct this. Not only must it be made no longer a financial burden to rear a family, by the provision of adequate family allowances, income tax reliefs, educational and housing provision, and so on, but somehow or other the attitude

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of the community to the parents of more than one or two children, that they are fools, or improvident, or careless, or peculiar, must be altered.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,
John Sleigh M.B., Ch.B.,(Aberd) D.P.H.(Edin).
Medical Officer of Health.

Public Health Officers

Medical Officer of Health
J.L. PATTEN M.B., Ch.B. (Liverp) D.P.H. (Manch)
(resigned 17th March 1949)
JOHN SLEIGH M.B., Ch.B. (Aberd) D.P.H. (Edin)
(appointed 10th May 1949)

Surveyor and Sanitary Inspector.
RANDOLPH FAIRCLOUGH M.R.San.I.

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General Statistics

(1948 Figures in brackets)

Area in acres	4466	(4466)
Registrar General's Estimate of Resident Population.	3985	(4047)
Approximate number of inhabited houses	1333	(1278)
Rateable Value	£20469	(£19705)
Sum represented by a penny rate	£85	(£82)

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Vital Statistics

(1948 Figures in brackets)

	Leiston Rates per 1000		Eng & Wales Civilian Popn	
Births.				
Live Births	15.8	(15.8)	16.7	(12.9)
Still Births	1.0	(0.00)	0.39	(0.42)
Deaths.				
All causes	14.1	(11.9)	11.7	(10.8)
Typhoid and Paratyphoid	0.00	(0.00)	0.00	(0.00)
Whooping Cough	0.00	(0.00)	0.01	(0.02)
Diphtheria	0.00	(0.00)	0.00	(0.00)
Tuberculosis	0.00	(0.25)	0.45	(0.51)
Influenza	0.25	(0.00)	0.15	(0.03)
Smallpox	0.00	(0.00)	0.00	(0.00)
Acute poliomyelitis and polioencephalitis	0.00	(0.00)	0.01	(0.01)
Pneumonia	0.00	(0.25)	0.51	(0.41)
Notifications (corrected)				
Typhoid fever	0.00		0.01	
Paratyphoid fever	0.00		0.01	
Cerebrospinal fever	0.00		0.02	
Scarlet Fever	11.0		1.63	
Whooping Cough	8.03		2.39	
Diphtheria	0.00		0.04	
Erysipelas	0.75		0.19	
Smallpox	0.00		0,00	
Measles	20.8		8.95	
Pneumonia	0.75		0.80	
Acute poliomyelitis	0.00		0.13	
Acute polioencephalitis	0.00		0.01	
Food Poisoning	0.00		0.14	
Deaths Rates per 1000 Live Births.				
All Causes under 1 year of age	16	(16)	32	(34)
Enteritis and diarrhoea under 2 years of age	0.0	(16)	3.0	(3.3)
Notifications (corrected) Rates per 1000 Total (live & Still births)				
Puerperal fever and pyrexia	0.00		6.31	

Vital Statistics

(1948 Figures in brackets)

Live Births

	Male		Female		Total	
Legitimate	26	(31)	36	(28)	62	(59)
Illegitimate		(3)	1	(2)	1	(5)
Total	26	(34)	37	(30)	63	(64)

Still Births

	Male		Female		Total	
Legitimate	2	(0)	2	(0)	4	(0)
Illegitimate						
Total	2	(0)	2	(0)	4	(0)

Deaths of infants under 1 year of age.

	Male		Female		Total	
Legitimate			1	(1)	1	(1)
Illegitimate						
Total			1	(1)	1	(1)

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Vital Statistics

(1948 Figures in Brackets)

Deaths	Male		Female		Total	
Typhoid and Paratyphoid Fevers	0	(0)	0	(0)	0	(0)
Cerebro Spinal Fever	0	(0)	0	(0)	0	(0)
Scarlet Fever	0	(0)	0	(0)	0	(0)
Whooping Cough	0	(0)	0	(0)	0	(0)
Diphtheria	0	(0)	0	(0)	0	(0)
Tuberculosis of Respiratory System	0	(0)	0	(1)	0	(1)
Other Forms of Tuberculosis	0	(0)	0	(0)	0	(0)
Syphilitic Diseases	1	(0)	0	(0)	1	(0)
Influenza	0	(0)	1	(0)	1	(0)
Measles	0	(0)	0	(0)	0	(0)
Acute poliomyelitis and polioencephalitis	0	(0)	0	(0)	0	(0)
Acute infectious encephalitis	0	(0)	0	(0)	0	(0)
Cancer of buccal cavity, oesophagus (m) uterus (f)	1	(0)	0	(1)	1	(1)
Cancer of Stomach and duodenum	1	(0)	0	(1)	1	(1)
Cancer of breast	0	(0)	1	(1)	1	(1)
Cancer of all other sites	3	(2)	1	(0)	4	(2)
Diabetes	0	(0)	1	(0)	1	(0)
Intracranial vascular lesions	2	(2)	5	(6)	7	(8)
Heart diseases	11	(11)	18	(5)	29	(16)
Other diseases of circulatory system	0	(3)	0	(0)	0	(3)
Bronchitis	0	(1)	1	(2)	1	(3)
Pneumonia	0	(0)	0	(1)	0	(1)
Other respiratory diseases	0	(0)	1	(0)	1	(0)
Ulcer of Stomach or duodenum	0	(0)	1	(1)	1	(1)
Diarrhoea under 2 years	0	(0)	0	(1)	0	(1)
Appendicitis	0	(0)	0	(0)	0	(0)
Other digestive diseases	0	(0)	1	(0)	1	(0)
Nephritis	0	(2)	1	(1)	1	(3)
Puerperal and post abortive sepsis	0	(0)	0	(0)	0	(0)
Other maternal causes	0	(0)	0	(0)	0	(0)
Premature birth	0	(0)	0	(0)	0	(0)
Congenital malformations, birth injuries infantile diseases	0	(1)	1	(0)	1	(1)
Suicide	0	(0)	0	(0)	0	(0)
Road Traffic Accidents	0	(0)	1	(0)	1	(0)
Other violent causes	0	(0)	0	(1)	0	(1)
All other causes	1	(2)	2	(2)	3	(4)
All Causes	20	(24)	36	(24)	56	(48)

Final numbers according to age and sex after corrections of cases of infectious and other notifyable diseases notified during the year ended 31st December 1949.

	Scarlet Fever			Whooping Cough			Measles		
	M	F	Total	M	F	Total	M	F	Total
0-				2		2	2		2
1-	3	1	4	3	6	9	7	9	16
3-	6	5	11	6	3	9	12	7	19
5-	14	10	24	6	6	12	19	18	37
10-	1	1	2				2	3	5
15-		3	3				1	2	3
25 and over							1		1
Age Unknown									
Total	24	20	44	17	15	32	44	39	83

	Pneumonia			Erysipelas		
	M	F	Total	M	F	Total
0-						
5-		1	1			
15-		1	1			
45-	1		1	2		2
65 and over				1		1
Age unknown.						
Total.	1	2	3	3		3

Infectious Hepatitis				Malaria		
M	F	Total		M	F	Total
18	28	46		1		1

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Ages at notification of the eight new cases of tuberculosis.

	Pulmonary		Non Pulmonary	
	M	F	M	F
				2
				5
				8
			25	
	26			
		30		
	30			
	31			
Total	3	1	1	3

Number of cases on the Tuberculosis Register on 31st December 1949.

(31st December 1948 in brackets)

	M		F		Total	
Pulmonary	9	(7)	2	(1)	11	(8)
Non Pulmonary	2	(1)	5	(2)	7	(3)
Total	11	(8)	7	(3)	18	(11)

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National Assistance Act 1948

Section 57 - Removal to suitable premises of persons in need of care and attention. No action has been taken by the Council under this Section.

Water Supply

(i) The Water supply has been satisfactory in quality and in quantity.

(ii) Public Health Laboratory Service.

Directed by the Medical Research Council for the Ministry of Health.

Public Health Laboratory

County Laboratory Bond Street, Ipswich.
Telephone Ipswich 51398.

Water

Bacteriological Examination Report.

Authority or Sender - Sanitary Inspector Lab.Ref.No.12628.
Leiston U.D. Council Chambers. Senders No. of sample.-
Nature of sample- water from shallow well. Sample taken from Tap -Council Chambers
Date and hour of collection 15th December'49 1005 hrs.
Date and hour of arrival 15th December'49 1140 hrs.
Date and hour of examination 15th December'49

Plate count yeastrel agar 3 days. R.T.aerobically..3 per ml.
" " " " 2 days. 37°C " .6 per ml.
Probable number of coliform bacilli, Mac Conkey 2 days 37°C .0 per 100ml.
Approximate proportions of faecal and non-faecal coli.

	Per cent
(a) Faecal coli	-
(b) Non-faecal coli	

Date of report 19th December 1949.

Remarks:

Bacteriological findings very satisfactory.

P.H. Martin.
M.O. i/c P.H. Laboratory.

(iii) The waters are not liable to have plumbo-solvent action.

(iv) No action was taken in respect of any form of contamination.

(v)

Number of dwelling houses supplied from public water mains		Number of population. supplied from public water mains.	
direct to the houses	by means of stand-pipes	direct to the houses	by means of stand-pipes
1200	135	5586	399

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Food

Meat and other Foods.

Carcases Inspected and Condemned.

	Cattle including cows	Calves	Sheep and lambs.	Pigs
Number killed (if known.)	890	294	1272	299
Number inspected	890	294	1272	299
All diseases except Tuberculosis whole carcases condemned.	1	2	2	2
Tuberculosis only whole carcases condemned.	11	1		

Total weight of all meat and offal condemned including whole carcases 10 tons.8cwt.1qr.2lbs.

Shops and places where food is prepared, with particular reference to restaurant and hotel kitchens and food factories, and the manufacture and sale of ice cream, are regularly inspected.

Food poisoning outbreaks. No outbreaks of food poisoning ocurred during 1949.

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Factories Act.1937.
Part I. of the Act.

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspector).

Premises	Number on Register	Inspections	Number of written notices	Occupiers prosecuted
(i) Factories in which Sections, 1,2,3,4,5,&6, are to be enforced by Local Authorities.	10	10	NIL	NIL
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	9	8	1	NIL
(iii) Other Premises in which Section 7 is enforced by the Local Authority(excluding out-worker's premises)				
Total	19	18	1	NIL

2. Cases in which Defects were found.

Particulars	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	Number of cases in which prosecutions were instituted.
Want of cleanliness					
overcrowding					
unreasonable temperature					
Inadequate ventilation					
Ineffective drainage of floors.					

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Particulars	Number of cases in which defects were found.				
	Found	Remedied	Referred to H.M. Inspector	By.H.M. Inspector	Number of cases in which prosecutions were instituted.
Sanitary Conveniences					
(a) Insufficient	1	1	NIL	1	NIL
(b) Unsuitable or defective.					
(c) Not separate for sexes					
other offences against the act(not including offences relating to outwork.					
Total	1	1	NIL	1	NIL

Part VIII of the Act - Outwork - No Outworkers were registered.

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